Revised 01/01

EXHIBIT 23   **SPN:** _____

                        PARCEL NO: _____

WORKSHEET   **DISPLACEE:** _____

REESTABLISHMENT EXPENSES

Acquisition Payment of _____ includes _____ for Full Extent, Cost to cure and Damages. Of this amount _____ was paid for specific items which might also qualify for reestablishment expenses. An itemized list of these payments is attached.

Actual costs must exclude any damage, cost-to-cure, or full extent of loss payments made to the relocatee through acquisition on an item by item basis.All expenses claimed must be supported by receipted invoices, bids, lease agreements, utility bills from replacement site, etc.
All expenses claimed must be supported by receipted invoices, bids, agreements,
utility bills from displacement site, etc.

1. Preliminary Studies (feasability, soil,etc.) :   Actual Costs

    _____   _____

    _____   _____

    _____   _____

2. Professional Services in connection with leasing or Purchasing replacement site: Atual Costs

    _____   _____

    _____   _____

    _____   _____

3. Licenses, fees, and permits (excluding those paid as part of moving expense):   Actual Costs

    _____   _____

    _____   _____

    _____   _____

4. Extention of utilities from right-of-way to the improvement at the replacement site: Actual Costs

    _____   _____

    _____   _____

    _____   _____

5. Impact Fees: Actual Costs

    _____   _____

    _____   _____

    _____   _____

6. Necessary Modifications to Replacement Site:
    Physical Modifications   Actual Costs

    _____   _____

    _____   _____

    _____   _____

    _____   _____

    Electrical Modifications

    _____   _____

    _____   _____

    _____   _____

    _____   _____

Plumbing Modifications

_____   _____

_____   _____

Miscellaneous Modifications

_____   _____

_____   _____

_____   _____

7.   Repairs or improvements to replacement property required by code (must   Actual Costs
     be documented):

     _____   _____

     _____   _____

     _____   _____

8.   Refurbishment of worn surfaces at the replacement site   Actual Costs
     (must have Departmental approval):

     _____   _____

     _____   _____

     _____   _____

     _____   _____

9.   Increased operating cost for first 2 years: Estimated Costs
     a. Increase in rent or lease charges
                                                          _____
     b. Increase in personal or real property taxes
                                                          _____
     c. Increase in insurance premiums
                                                          _____
     c. Utility increases, excluding impact fees:
                                                          _____
         (Project increases based on average usage at
         acquired site for preceding 6-months)

10. Advertisement of Replacement Location: Actual Costs

     _____   _____

     _____   _____

     _____   _____

11. Exterior Signing Construction and Installation: Actual Costs

     _____   _____

     _____   _____

     _____   _____

12. Other Eligible Expenses   Actual Costs
     (must have administrative approval)

     _____   _____

     _____   _____

THIS PAYMENT   _____
LESS PREVIOUS PAYMENTS   _____
TOTAL REESTABLISHMENT PMTS TO DATE   _____
(NOT TO EXCEED $10,000)